(NPS Form 10-932) (OMB No. 1024-0026) (NEW 10/00)

UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL PARK SERVICE Yosemite National Park

PO Box 700 El Portal, CA 95318

Application for Photography/Filming Permit - Long Form

Date					st Unit_	
				2	nd Unit	
GENERAL INFORM	IATION					
Company Name		Applicant/Agent				
Address		Address				
City/State/Zip		City/State/Zip				
Phone #		Phone #				
FAX #		Beeper#				
Producer		Photographer/Di	rector			
Insurance Co.		Name of Project	Client:			
Federal Tax ID # or Soci	ial Security No.					
□ Feature Film /TV Movie □ Music Video □ Public □ other, (explain) Summary of scene(s) SITE INFORMATIO Total number of days on si Night work: □ No □ Yee	DN: te: Shoot Prep	entary/Travelogue mercial □ Industria	□ Commer l		ınd □	Yes □No
DATE	LOCATION	Start Time	End Time	FILM	PREP	STRIKE
☐ Exteriors						
☐ Interior: Building name ☐ C				Other (e	xplain)	
Set dressing or other stru	ictures proposed: No Y	es, explain				
To request set construction including proposed Site	tion, off-road activity, trail u e Plan.	se, or interior use	of buildir	ıg, attacl	ı detaile	ed information

Electrical needs, explain	Generator: LI No LI Yes, size	zeLighting: Lighting
☐ Reflectors only ☐ Yes (explain)		
Road:	_ Date/Time:	☐ Closure requested
☐ Running shots ☐ Driving shots ☐ Drive-bys	☐ Tow shots ☐ Drive-ups & Away ☐	Wet down road
☐ Camera/Equipment on Road Shoulder ☐ Came	ra/Equipment on median	in)
OPERATIONAL INFORMATION:		
Number of Personnel and Vehicles:		
Total Cast & Crew Personal Cars I	Large Trucks Other Trucks	Vans
Camera Car Picture Cars Moto	r homes Equipment	
Other Vehicles (explain)		
Base Camp location		
Catering Co. Name	Pho:	ne #
SPECIAL ACTIVITIES:		
Children: ☐ None ☐ Yes # of Children	Age Range	
Animals: ☐ None ☐ Yes (explain)		
Trainer Name:	Phone #	
Aircraft: □ No □ Yes (explain)		
Special Effects: (identify)		
Effects Technician Name:		
License # (if applicable)		
Stunts/Rigging: (explain)		
Coordinator		
Any other unusual or hazardous activities,(explain)		
Attach pages to provide additional information	for permit consideration.	
Person on location responsible for company's a	adherence to all terms & conditions of l	Film Permit:
Name:	Title:	Phone:
Person on location responsible for coordinating	g activities with the NPS:	
Name:	Title:	Phone:
Person at the company office to contact for following	low up information and billing:	
Name:	Title:	Phone:
I hereby state that the above information g information or false statements have been have the full authority to represent the app	given. All estimates are reliable to	the best of my knowledge and
Signature	Title	Date
Company Name		

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$150.00 made payable to National Park Service. Application and administrative charges are non-refundable. This completed application can be mailed to "USDI-NPS, Office of Special Park Uses, PO Box 700, El Portal, CA 95318,

Attn:Filming⁻, You may overnight mail to street adaress:USDI-NPS, Office of Special Park Uses, 10913 Highway 140, El Portal, A 95318. Attn: Filming.

Note that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 60 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW, Washington, D.C. 20240 and to the Information Collection Clearance Officer, Washington Administrative Program Center, 1849 C Street NW, Washington, D.C. 20240. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.